

Vermont Department of Labor
WAGE / BENEFIT CLAIM FORM

Wage and Hour Program
P.O. Box 488
Montpelier, VT 05601-0488
Telephone: 802-828-0267 Fax: 802-828-4198
E-Mail: Labor-Wagehour@state.vt.us

For Office Use Only

Claim #: _____

Entered: _____

Worker's Information

Worker's Name: _____ SS # _____ Telephone # _____

Worker's Mailing Address: _____ Are you a High School Student? _____

Business Information

Business Name: _____ Business Telephone # : _____

Business Owner's Name: _____ Job Title: _____

Business Mailing Address: _____

Physical Address: _____

Start Date of Employment: _____ Last Day Worked: _____ Still Employed? _____

Rate of Pay \$ _____ (hr., day, wk., yr. salary) Total Gross Amount Due _____

Please circle one

Claim for (check all that apply): Unpaid Wages Unpaid Overtime Improper Deduction Unpaid Benefits

Indicate breakdown of unpaid wages and overtime below, for improper deductions or unpaid benefits, please provide details supporting your claim.

Pay Period ending date	Date Payment were due *	Number of Hours unpaid		Amount Unpaid		Total amount of wages owed this pay period
		Regular	Overtime	Regular	Overtime	

* Can not be greater than 2 years old*

I hereby certify to the best of my knowledge, these statements are true. I understand that a copy of this claim, and any materials that I submit to the Wage and Hour Program relative to this claim, will be forwarded to my employer and /or my employer's representative.

Signature: _____ Date: _____

Distribution : White and Yellow = Wage and Hour
EEO Statement

Pink = Claimant